Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMB control number. Substitute for Form PTO-875 Application or Docket Humber Effective December 8, 2004 APPLICATION AS FILED - PART I 266 (Column 1) (Column 2) SMALL ENTITY OTHER THAN FOR OR SMALL ENTITY NUMBER FILED BASIC FEE (37 CFR 1 16(4) (b) or (c)) NUMBER EXTRA RATE (\$) NA FEE (1) SEARCHFEE N/A RATE (\$ FEE (1) NVA (37 CFR 1 16(N. 11. or [m]) 150.00 N/A . NIA 300.00 EXAMINATION FEE N/A NA (37 CFR 1 16(4). (p). or (q)) \$250 NA N/A TOTAL CLAIMS \$500 N/A NVA (37.CFR 1 16(0) \$100 N/A INDEPENDENT CLAIMS: minus 20 . \$200 X\$ 25 (37 CFR 1 16(N)) X\$50 ÓR minus 3 = X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheels of paper, the application size fee due FEE ... (07 CFR | 16(4)) is \$250 (\$126 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(8)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1)) +180= If the difference in column 1 is less than zero, enter "O" kn column 2. +360= APPLICATION AS AMENDED - PART II TOTAL TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OTHER THAN OR HIGHEST REMAINING Mos AFTER AMENDMENT SMALL ENTITY NUMBER ENDMENT PRESENT PREVIOUSLY RATE (\$) EXTRA ADDI. RATE(\$) Total PAID FOR TIONAL ADDI: Minus FEE (1) TIONAL Independent DI CER LIGNU X\$ 25 FEE (1) Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL ADD'L FEE TOTAL (Column 1) OR ADO'L FEE CLAIMS (Column 2) (Column 3) 00 HIGHEST REMAINING AFTER. AMENDMENT NUMBER PRESENT PREVIOUSLY RATE (\$) EXTRA ADDI-Total COTOFR.LIQUI PAID FOR RATE (\$) TIONAL ADOI. Minus FEE (\$) TIONAL Independent . X\$ 25 FEE (\$) Minus X\$50 OR Application Size Fee (37 CFR 1.16(8)) X100 X200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR

If the entry in column 1 is less than the entry in column 2, write 'T' in column 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

A collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the buding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete. a to to process) an approximant to governed by 35 U.S.U. 122 and 37 U.T. 1.14. This consecuous a saturated to take 12 minutes to complete, buding gathering, pre-paring, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient The amount of living you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief innormation Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

+180=

+360=

OR